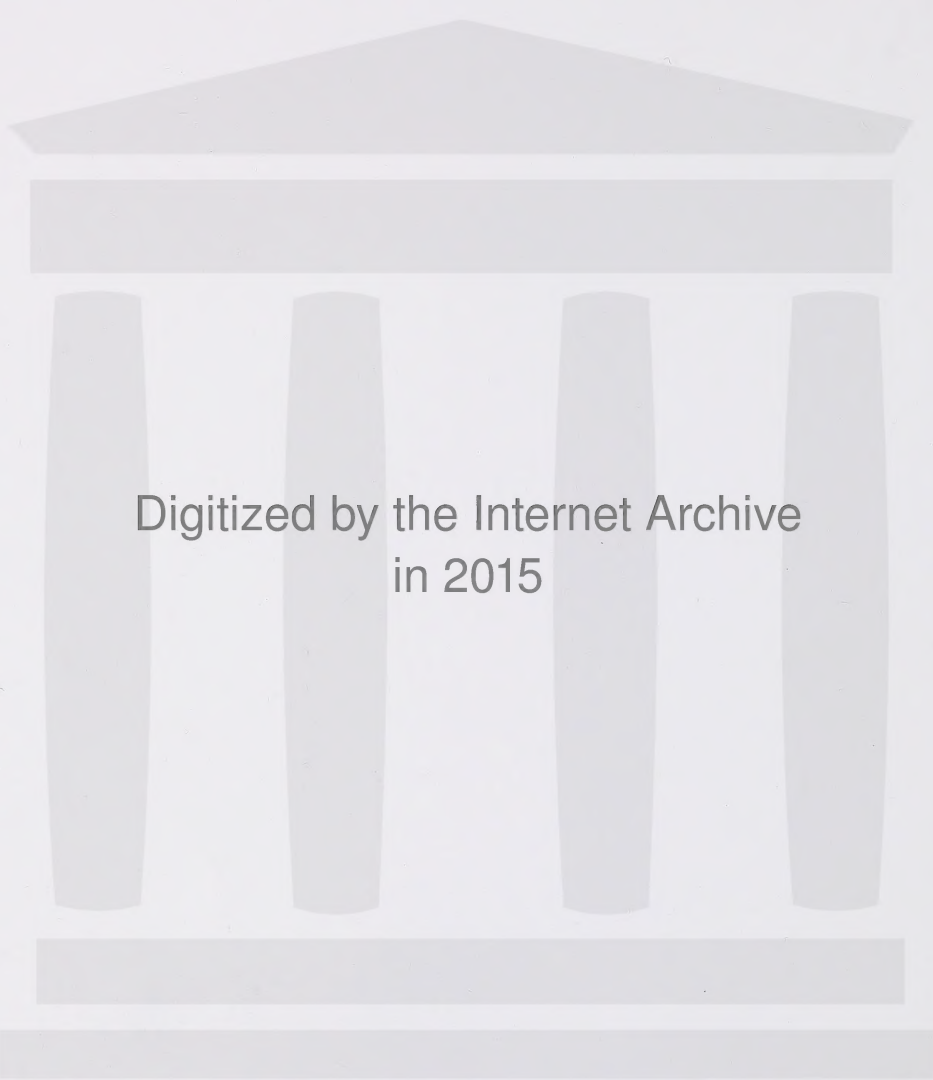


**Health Summit '99**

# **Think** *about* **Health**

*an Alberta framework for discussion*  
**February 1999**



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## Welcome to Health Summit '99

### Think about Health

*What's essential?*

*What changes should be made?*

*What's your responsibility?*

*How much money is enough?*

*Four important questions about  
the future of Alberta's health  
system ...*

*And Health Summit '99 wants your  
advice.*

Albertans care about their health and their health system. If we're ill or injured, we want to know the health system will be there to give us the care we need. If our elderly parents are no longer able to manage at home on their own, we want to know there is home care available or a place for them to go for long term care. If there are new developments that improve health, we want to know about them.

Albertans have high expectations. And people in the health system are working hard to meet those expectations.

A number of positive changes have been made and new initiatives have been introduced. But there also are stresses and strains in the system. People are concerned about how long they have to wait for the health care they need. They're concerned about increasing costs and how we can manage. People are worried that an aging population or increasing costs of drugs and new technologies will add more pressures on our health system. Many people think there should be more emphasis on preventing illness and injury, not just treating people when they get sick.

These are important issues. To position Alberta's health system for a secure and sustainable future, we need to address those issues now and start looking ahead to the kind of health system people want and need.

Health Minister, Halvar Jonson, has asked me to organize a summit to address the future of Alberta's health system. Health Summit '99 will provide a forum for open discussion about key questions ... questions like:

What's essential?

What changes should be made in how health services are delivered?

What responsibility do individual Albertans have for their own health?

How much money is enough to sustain our publicly funded health system?

Health Summit '99 will bring together a cross section of Albertans including members of the general public, people working directly in the health system, and representatives of a number of different organizations.

This workbook provides background information for participants' discussions at the Summit. It's also available to everyone in the province. We're interested in the views of as many people as possible. There is a questionnaire at the end of this workbook that will allow this to happen.

Health Summit '99 is an exciting opportunity to think about health and think about the future of Alberta's health system. It's your opportunity to get involved, and we're counting on your advice to help shape the future of health in Alberta.

**Harley Johnson**

Chair, Health Summit '99





## **Starting points**

### **What's Health Summit '99 about?**

Health Summit '99 is your chance to think about health. It's a forum for addressing important questions about the future of Alberta's health system. The Summit will be held on February 25 - 27, 1999.

This workbook provides some important information about what's happening today in Alberta's health system. And it poses some important questions for Albertans to consider.

Health Summit '99 will provide an opportunity for people to think about key questions in health, suggest new approaches, and set the stage for new directions in Alberta's health system.

### **Who is organizing the Summit?**

Health Summit '99 is chaired by Harley Johnson with the assistance of a small team of people. The process is at arms length from government, but government is keenly interested in the outcomes and encourages people to get involved.

### **Who will participate in the Summit?**

About 200 people will participate directly in Health Summit '99. They include randomly selected Albertans, nurses and health care providers, physicians, health authority representatives, educators, researchers and people from a range of different organizations.

### **How can Albertans get involved?**

Read this workbook. Think about the questions. Talk with health providers in your community, with your friends or family members. Fill out the questionnaire at the end of this workbook and return it to the Health Summit organizers. A summary of the responses to the questionnaire will be included in the Health Summit's final report. An independent research company has also been asked to survey a sample of Albertans. Those results will also be presented at the Summit.

### **What happens to the results of Health Summit '99?**

The Summit's final report will summarize what we heard from participants and Albertans. The report will go to the Minister of Health and will guide the government's decisions about future directions for Alberta's health system. It also will be available to the public.





## Setting the stage

Let's start with some general information - key changes in the past few years, important facts about health, and some stresses and strains in Alberta's health system today.

### Change in Alberta's health system

*Since the early 1990s, many changes have been made in Alberta's health system.*

- Before restructuring, there were about 200 separate hospital and health boards across the province. Now there are 17 regional health authorities, the Cancer Board and the Mental Health Board responsible for coordinating the full range of health care programs from promotion of good health to home care, long term care, mental health, diagnostic, hospital and emergency services.
- Four hospitals were closed and 19 others were converted to either community health centres or long term care centres.
- The number of acute care hospital beds was reduced significantly.
- There was a dramatic increase in home care services and many more services are provided in the community instead of in hospitals.
- New initiatives were started by regional health authorities - programs to support seniors staying in their own homes, improve the health of newborn babies, reduce heart disease, and streamline hospital care.
- Total spending on health was reduced by about \$500 million between 1993 and 1995. Since then, the government has added over \$750 million to the health system budget.

When people think about the changes in health, most of them likely think of funding cuts. But the objective was not only to stem the tide of rising costs, but also to fundamentally restructure how the health system was organized and to keep it sustainable over time. Changing demands, changing technologies and treatments, a growing and aging population, and increasing costs meant changes were needed in order to sustain Alberta's health system. Plans in the early 1990s talked about:

- Keeping people healthy and independent
- More emphasis on wellness, not just treating people when they're sick
- A better managed and coordinated health system
- Less overlap and duplication
- Health professionals and organizations working together in a spirit of cooperation, with everything focused on the needs of the patient
- Relying less on hospitals and providing more services in communities
- Continued access to leading edge technology, medical treatments and drugs
- Providing people with services tailored to their needs and giving people a greater role in decisions affecting their health
- Making the system more accountable for the results achieved, and
- Managing and controlling costs.

### Have we succeeded?





Many people in the health system say they wouldn't want things to go back to the way they were before restructuring because it's better organized. The health system receives more funding and provides more services than ever before. And many new initiatives to improve health are underway in communities across the province. But there are also clear stresses and strains. The recent report of the Provincial Health Council says that, although we've reorganized the health system, real reform hasn't taken place. We still don't have an integrated system where the different parts and people work well together. And there isn't enough focus on staying healthy and well instead of just expecting excellent treatment when people are sick or injured.

There's more about these issues later in the workbook.

It's also important to note that Alberta is not alone in addressing these issues. Across Canada, each province has taken steps to reorganize, restructure and reform their health system. There are some common threads in the approaches being taken - putting more emphasis on prevention and promotion programs, focusing on affordability, making decisions based on the best available evidence, looking more broadly at things that determine good health, and improving accountability. Around the world, countries also are re-examining and changing their health systems. Reports show the key trends involve putting more focus on improving the overall health of people, less commitment to paying the high costs of hospital care when other alternatives are possible, more commitment to ensuring that everyone has access to health services, and more emphasis on sharing information and ideas.

Sound familiar? Many of the issues and ideas being considered across Canada and around the world are the same ones people will address through Health Summit '99.

### **Some facts about Alberta's health system today**

*Think about these key facts about Alberta's health system.*

#### **On access to health services ...**

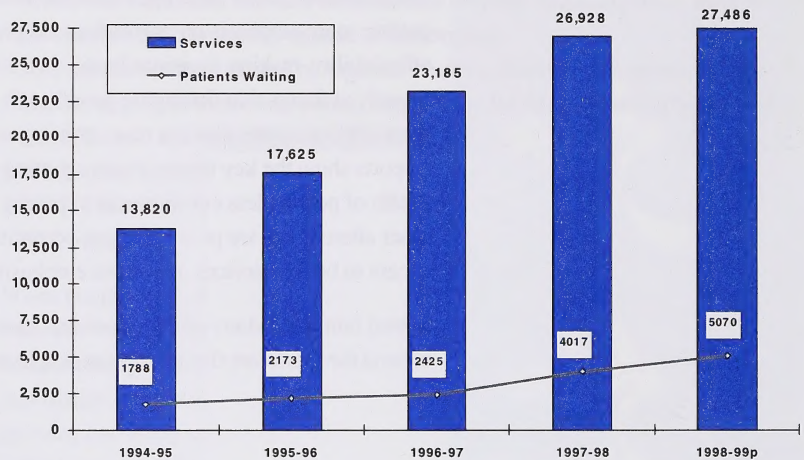
- The percentage of Albertans who say it's either easy or very easy to access health services dropped from 80% in 1995 to 73% in 1998. 27% of people say it's difficult or very difficult to access health services.
- Reasons given for having difficulty accessing health services include long waiting times, problems getting appointments especially with specialists, lack of staff, services not available nearby, and no hospital beds available.
- People who have difficulty accessing health services are older, poorer and less healthy, live in rural areas of the province, and have greater needs for health services.
- The number of patients on waiting lists varies. For example, reports show that, in spite of more and more heart surgeries being performed, the waiting lists can still be long. Those reports also show that people who need urgent heart surgeries get treated immediately.





- A recent report showed that, compared with other provinces, Alberta has the highest rate of heart bypasses and angioplasties after heart attacks - high tech procedures that can greatly improve quality of life for heart patients.
- Reports also show that, since 1992, the number of people who had to be admitted to hospital for chronic health conditions like asthma, diabetes or depression has declined as more community and out-patient programs have been put in place.
- More services are being provided than in the past. For example, the number of cardiac procedures performed each year has gone up from 3368 in 1992-93 to 4574 in 1998-99. The number of organ and bone marrow transplants has more than doubled in the same time period. The number of MRI procedures is increasing even faster, doubling since 1994-95.

### MRI Services and patients on waiting list

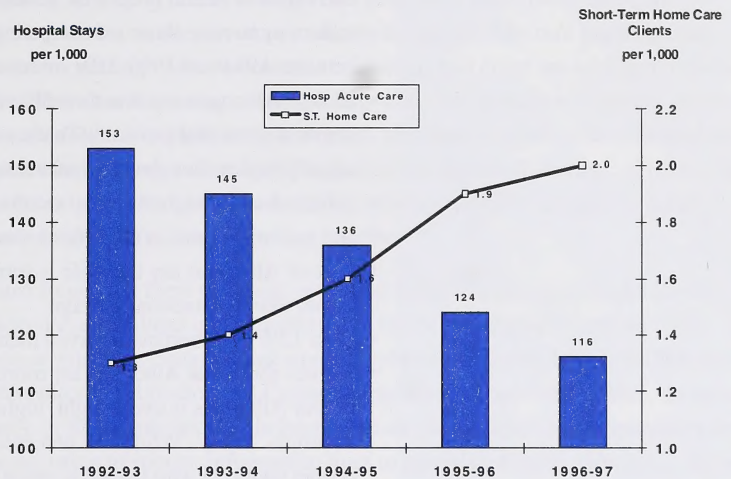


### On quality of care ...

- Albertans rate the care they receive from Alberta's health system very highly, and these high ratings have been consistent over the past three years. 86% of people who received health services rate them as excellent or good. 78% rate the quality of health services in their community as excellent or good. 81% rate the quality of care they received in hospitals as excellent or good. Ratings were highest for out-patient services and lowest for emergency services.
- Fewer people are admitted to hospital and more surgeries are done on a day surgery basis. Trends since 1992-93 show a 24% decline in the number of people who have to stay in hospital and, on the other hand, a 54% increase in people receiving short-term home care. The average length of stay in hospital has dropped from almost 9 days in 1991-92 to just below 6 days. Information shows overall hospital readmission rates have not increased.





**Trends in hospital stays and short-term home****On how healthy we are ...**

- Compared with the Canadian average, Albertans can expect to live longer. The average life expectancy is 81.4 years for women and 75.5 years for men. We also have high levels of education and low unemployment - two important factors influencing health.
- 65% of Albertans say they're in excellent or very good health.
- 85% of focus group participants organized by the Provincial Health Council agreed or strongly agreed that they have taken steps to improve their health in the past year. They spoke of investing more resources and time in their own health, including education, assessing complementary health services, exercising and paying more attention to diet and mental health.
- The Provincial Health Council's consultations with Albertans in 1998 also showed that 60% of survey respondents said they were confident, hopeful or grateful with respect to the health system.
- While Alberta's rates of infant deaths have been higher than the Canadian average in the past, those rates have improved considerably since 1994. Alberta's rates of low birthweight babies continue to be higher than the rest of the country. Rates of teenage pregnancies have been going down since 1993-94, but are higher than the Canadian average.
- Studies show that poverty increases the risk of poor health and lower life expectancy. In Alberta, child poverty is a growing concern.
- Heart disease is the leading cause of death in the province, but the death rate from heart disease is lower than the Canadian average.
- Breast cancer is the most common form of cancer for women. Alberta's death rate from breast cancer is slightly higher than the Canadian average. Prostate cancer is the most common cancer for men and again, our death rates are slightly higher than the Canadian average.

- Many communicable diseases are extremely rare or have been eliminated entirely due to public health programs. Immunization rates are about 90% and work is underway to raise those rates even higher. Although new cases of AIDS declined between 1994 and 1996, HIV infections continue to rise.
- 22% of Albertans say that their activities are limited because of a long-term physical or mental problem. That's a significant increase since 1990 and it's slightly higher than the national average.
- Alberta has the highest rate of deaths from motor vehicle collisions in the country and our suicide rate is also higher than the rest of Canada.
- 65% of Albertans say their life is somewhat or very stressful. This is somewhat higher than the national average.
- Over 12% of Albertans received mental health services in 1994.
- Studies show that Albertans are more active than people in other provinces. One in four Albertans is overweight, higher than the national average. And 30% of Albertans smoke. While that percentage is going down, the number of young people under 25 who smoke is going up.

### **Where are the stresses and strains in the health system?**

Pick up a newspaper, listen to the radio or watch the nightly T.V. news, and chances are good you'll find something about health. It might be the latest news about a new medical breakthrough or treatment. The latest new diet or miracle cure. Or it could be about people facing long waits for hip replacements. Reality is, there's a lot of talk about what's good and not so good in about the health system. And people are concerned.

Reports from the Provincial Health Council point to some concerns they've heard.

- Albertans say they're most concerned about waiting times and access to services.
- Health care providers say they're also concerned about access to health services. They're concerned about the quality of health care services and safety. And they highlight problems with staffing levels, morale and job stress, and inadequate supplies and equipment.
- Seniors are concerned about whether they'll have to pay for services, about early discharge from hospital, long waiting times, and whether they'll be able to get home care and long term care when they need it.
- Recent reports about mental health point to serious concerns about getting access to mental health services, a short supply of psychiatrists and child psychologists, turf protection and the lack of clear plan for mental health services across the province.
- Albertans say they have difficulty moving between hospitals, long term care and community care. There isn't a smooth process and sometimes there are gaps in service.





In addition to those concerns, people are worried about getting care in an emergency, or getting access to treatments when they need them. There are continuing strains on the resources available to support Alberta's health system. Costs are increasing. New treatments, technology, and drugs are adding to the cost burden. There are increasing needs for long-term care to support Alberta's seniors. There are problems with shortages of health providers in some rural communities. And some reports suggest we could be looking at an overall shortage of nurses in the next few years. People in the health system say it's still a struggle to get the different health professionals working together.

We can't forget that there are some very good things happening in health as well. Services are streamlined and administration has been reduced. There are more services available in communities where they're needed most. Initiatives like new health centres in Edmonton and Calgary, programs for high risk families, for new mothers, or for people with Alzheimer's disease, new telepsychiatry initiatives or programs using telephone information lines to provide advice to patients ... these are all examples of new ideas in place in Alberta's health system. Other new projects across the province provide pediatric and child psychiatric outreach services to disadvantaged children, coordinated primary care in rural communities, strategies to improve immunization rates, or improved access to health services on several Metis settlements. Often, the good news about projects like these gets lost while we focus on the problems.

### **Looking ahead**

There are many good things happening and lots of new ideas in health. The challenge is to think about health ... think about what's essential, address the problems we have today, make changes where they're needed most, and ensure that Alberta has the health system that's needed, today and for the future.

That's the challenge for Health Summit '99. It's a challenge focused on four key questions:

- What's essential?
- What changes should be made?
- What's your individual responsibility?
- How much money is enough?

Let's turn now to key points to help us answer those questions.



## What's essential?

Alberta's health system provides a wide range of services. There's hospital care, surgeries and treatments, diagnostic tests and labs. There's a wide range of services provided by people ... by doctors and nurses, dentists and dental surgeons, therapists, opticians, chiropractors and a variety of health providers. There are services to prevent illnesses, like immunizing babies or providing regular tests. There's long term care in nursing homes for people who need it and home care as well. Programs to promote healthy living and help young families give their children a healthy start. There's ongoing medical and health research. Inspection of restaurants to make sure food is safe, monitoring the condition of our environment, and tracking trends in health. It makes for a big and complicated system.

Looking ahead, what are the essential things our public health system must do? If it's not possible to do everything in health, what should the essential components be in the future? What actions should be taken to ensure that the essential components are in place and affordable?

## What are the components today?

*The range of services and programs in Alberta's health system can be divided into the following components.*

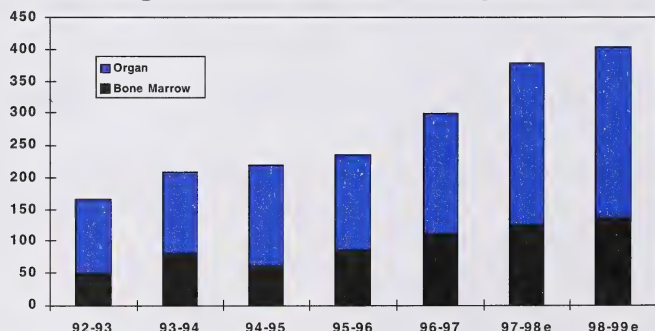
### Services from doctors

A person's first contact with the health system often is with a doctor. Most of these services are available at private offices or walk-in clinics. Services from physicians, osteopaths and dental surgeons are covered by the public health system. Some services (generally those considered to be medically necessary) that are provided by allied health professionals, such as optometrists, chiropractors, podiatrists, oral and dental surgeons, are also covered, but services from a number of alternative health providers are not.

### Acute Care

Acute care services are delivered primarily in hospitals. Those services generally include diagnostic testing, emergency services, surgeries, medical treatments, and other related services to treat people when they are ill or injured. Complex, high tech and high cost medical and diagnostic services like heart surgery, organ transplants, neurosurgery and intensive care for severely ill babies or people with

### Organ and bone marrow transplants





severe trauma or burns, are provided primarily in Edmonton and Calgary through the Capital and Calgary Regional Health Authorities. These are called "province wide services."

**Public health**

Public health services include promotion of good health and prevention of illness and injury for individuals and the whole population. Examples of these services include:

- birth and parenting services and programs focused on family health
- public education programs to promote healthy living and prevent illness and injuries
- protection of health through controlling communicable diseases, immunizing children and giving flu shots, inspecting restaurants to ensure that food is safe, and protecting people from environmental hazards
- tracking trends in diseases and monitoring how healthy people are.

**Community care and continuing care**

This component includes:

- continuing care services such as long term care facilities and new options like assisted living, for long term care when people need it
- home care and respite care for people who are caring for a family member in their home
- palliative care to provide support to people who are in their final stages of life
- community rehabilitation services like physiotherapy, speech language therapy, respiratory therapy, occupational therapy, and audiology.

**Mental Health**

Mental health services are provided across the province through a combination of specialized mental health hospitals care centres, psychiatric beds in hospitals, and community mental health services in clinics.

**Technical supports for use in the community**

Many people need special supports so they can maintain their health and function in their own homes and communities. Those supports, including wheelchairs, hearing aids, and other specialty supplies and equipment, are provided through the Alberta Aids to Daily Living Program to people with long term needs. Most health authorities provide equipment and supplies to short term home care clients. The government, through Alberta Blue Cross, covers services such as prescription drugs and home nursing care for seniors, widows and their dependents. Through the Extended Health Benefits Plan, the government also provides coverage for some dental and optical services, including eyeglasses and dentures for seniors, widows and their dependents.



## **What's required by the Canada Health Act?**

When people think of the Canada Health Act, they often think of "medicare". Medicare has a long history in Canada, and it's based on the principle that everyone should have access to medically necessary health care, regardless of their ability to pay. Some people think the Canada Health Act applies to all aspects of health systems across Canada. In fact, it applies only to doctors' services and services in hospitals. In Alberta, people have access to a wide range of services like home care, continuing care, coverage for prescription drugs for seniors or special equipment. All of these services are in addition to what is covered by the Canada Health Act.

These are the five basic principles of the Canada Health Act:

**Public administration** - The Canadian health system is run on a non-profit basis. Services can be contracted out to the private sector, but control has to be in the public arena.

**Comprehensiveness** - All medically necessary physician and hospital services must be insured.

**Universality** - All Canadians must be entitled to public health insurance coverage for medical and hospital services.

**Portability** - Canadians must receive insurance coverage for hospital and medical services received in another province.

**Accessibility** - Medically necessary services must be available without user fees, extra billing or other barriers to reasonable access.

## **Ambulance service**

Municipalities are responsible for regular ground ambulance services across the province and the regional health authorities pay for cases where people are transferred from one hospital to another by ambulance. The provincial government is responsible for air ambulances, available whenever patients need to be airlifted from the scene of an accident or from one hospital to another when urgent treatment is needed. Each year, air ambulance services are provided to about 6000 Albertans.

## **Health and medical research programs**

Extensive health and medical research programs are in place, primarily in conjunction with the two universities in Edmonton and Calgary. The provincial government supports health and medical research through grants and through support for the Heritage Foundation for Medical Research.

## **Health and medical education**

Working with universities, colleges and other post-secondary institutions, there is a wide range of medical and health education programs in the province to train doctors, nurses, and other health care providers.

## **Buildings**

The health system requires hospitals, long term care facilities, and clinics in order to serve people in the community. Those buildings have to be well maintained in order to meet acceptable standards for health care.

## **Medical equipment and information technology**

Hospitals and clinics require a wide variety of medical equipment in order to diagnose and treat patients. This equipment ranges from basic stethoscopes to high tech diagnostic equipment. Information technology also is being used more in the health system to provide essential information to physicians, health providers and decision makers.

## **Administration and support**

This includes people who manage the health system, make decisions, plan services and programs, allocate resources, pay salaries, and evaluate results.

## **Health care clinics**

Privately owned health clinics provide services either through contracts with health authorities or directly to patients. People can pay directly for services that are not considered medically necessary such as cosmetic surgery, laser eye surgery, dental services or acupuncture.

## **Where are the pressures in Alberta's health system?**

There have been a number of changes in Alberta's health system and some people ask, "Why are more changes needed? Can't we just keep doing more of the same?"





The fact is, there are some pressure points in the health system, and it's becoming more difficult for the health system to keep up, to meet all the demands, and provide the quality of care and services people expect.

What's driving those pressures? Think about these key factors.

***The number of high cost, high tech services is increasing.***

Most high tech, high cost services like organ transplants or heart surgery are provided in Edmonton and Calgary only, and they're funded separately by the provincial government. Trends from 1992-93 show a 144% increase in organ and bone marrow transplants and a 36% increase in heart surgeries. The number of patients needing renal dialysis for liver disease increased from 586 in 1992 to an estimated 1,336 for 1999. These high tech, high cost services are critical to the people involved. In 1998-99, we'll spend \$231 million on what's called "province-wide services" and a recent report recommends that an additional \$20 million is needed.

***Heart surgery***

**Total Cases**



***Approaches to health treatments are changing rapidly.***

We talked about new technologies and new drugs. Each new treatment or new drug changes the way illness and injuries are treated. Many of those new approaches mean that people have to spend less time in hospital. But it also means more pressure on home and community care services. And it means hospitals are dealing mostly with people who have more serious illnesses and injuries. We're also seeing more interest in alternative medicine - people searching for non-traditional approaches to treat illnesses or keep people healthy. As more people use acupuncture, herbal remedies, or other alternative approaches, there is mounting pressure not only to demonstrate the medical benefits but also to support these approaches through the publicly funded health system.



***New technologies and drugs are expensive.***

Advances in new technologies, treatments and drugs bring new hope for people with certain diseases. They also bring high costs. New technologies such as genetic screening will allow early screening and detection of diseases. But the costs are significant. Bone density tests are an important tool for diagnosing osteoporosis. In 1995, 2,861 of these tests were done at a cost of just over \$470,000. In 1998, about 48,500 of these tests were done and the costs increased to \$7.9 million. In 1997-98, over 51,000 laboratory and radiology consultations were provided by doctors at a cost of \$72 million. That's an average of over \$1,400 for each consultation. New, more expensive drugs continue to be introduced, and we're using more of them. In the past year alone, spending on drugs has increased by \$21 million to a total of almost \$217 million. This doesn't include drugs that are used in hospitals or covered through private insurance plans.

***Health is a people business.***

Hospitals, equipment and drugs are expensive. But most of the costs of our health system involve people - doctors, nurses, health workers, support staff, chiropractors, physiotherapists ... and the list goes on. About 70% of total health spending for regional health authorities is for labour costs. This year, we'll spend over \$852 million on physicians' services, just over 19% of the total health budget. Most doctors are paid on a fee-for-service basis - the more services they provide, the more they are paid. In some communities, doctors, regional health authorities and the provincial government are working together on new payment plans. The province spends another \$46 million on allied health services from chiropractors, optometrists and podiatrists. Regional health authorities also are facing demands for higher salaries from people who work in the health field. As demands for higher salaries increase, so will the costs of our health system.

***Building maintenance and new medical equipment are growing concerns.***

In the past few years, capital funds for building and renovating hospitals, long-term care facilities and clinics have decreased not only to contain costs but because new facilities weren't needed. An average of \$251 million was spent a year on capital. In 1993-94, capital spending was reduced to \$126 million. Information from health authorities suggests that more funding will be needed in future to upgrade and renovate aging buildings. For example, MRI machines allow doctors to diagnose certain types of illnesses and injuries more accurately. But the average cost of an MRI machine is \$2.5 million and it can be as high as \$4.2 million. Regional health authorities report that it is becoming more difficult for them to manage the cost of maintaining and upgrading equipment, and purchasing new equipment that's needed to keep pace with changing treatments.





***Alberta's population is growing.***

Alberta's strong economy means more people are seeing our province as the place to be. With more investment, more jobs and more new opportunities, people are moving to the province in record numbers. By 2016, Alberta's population is expected to grow by 36% - over a million more people. New people will bring their additional health needs and put added pressure on the health system.

***We're getting older.***

Alberta's population is young compared with the rest of Canada and many other countries around the world. But the average age of people in the province is going up. While seniors currently make up just over 10% of our population, we expect that proportion to grow to well over 13% by 2016. And while more seniors are living longer and in better health, seniors, especially in their later years of life, use more health services than younger people. This isn't a question of blame; it's a simple consequence of aging. Studies suggest that people over 75 will make up just over 5% of the population in 2009-10, but will consume nearly 40% of the health care spending. An aging population also means there will be increasing pressure to provide home care and long term care for seniors. Estimates suggest that Alberta will need 9,000 more long term care beds by 2016, unless there are new ways of keeping older people healthy, preventing disabilities, and helping people stay in their own homes.

***People have high expectations for the health system.***

People's expectations are high. When we're ill or injured, we want the best treatment available, and we don't want to wait. If there are new advances, new treatments or cures, we want them available in Alberta. If our loved ones are sick, we want the very best money can buy. Some people suggest we need to take a close look at what we expect from the health system. Can standards be set for what are appropriate waiting times for different health services? When is it reasonable to wait for treatments so others with more pressing needs get treated first? There also are a number of ethical issues that are very difficult and have not been addressed. Are there limits to what people should expect from medical treatments or times when those treatments go too far? Many people also suggest it's time Albertans took more responsibility for their own health rather than expecting the health system to cure them when they're sick.

***What's essential for the future?***

That's the key question. And we want your advice. If we are planning the health system for the future, people need to decide what's essential and what isn't, what can and must be done, and what things should be available, but outside the publicly funded health system.

These are not easy issues.

**Think about these questions ...**

*What components are essential for Alberta's health system?*

*Are there gaps or things that should be added to the list? Are there services provided now that should not be included in the publicly funded health system?*

*Where should the line be drawn between what's essential and what's nice to have?*

*As new health services and treatments are developed, how should decisions be made about whether they get added to the list?*

Other provinces, states and countries have used different approaches. Places like Oregon spent years coming up with a detailed list of all the services that are covered by medicaid. Those that fall outside the list are not funded. In the Netherlands, Norway and Germany, government appointed committees provide advice on what services and treatments are essential. Their decisions are based on several questions: is it necessary from the community's point of view, is it effective and efficient, and can it be left to people's own responsibility?

Alberta and other provinces have looked at defining core services - services that must be accessible by all people in the province. While the lists vary, most include a variety of doctors' services, acute care hospital treatments, emergency services, prevention and promotion programs, mental health services, community and home care programs.

**What actions can be taken to ensure the essentials are in place?**

Once decisions are made about what's essential, the next step is to decide what actions can be taken to make sure that those essentials are available and affordable. Are there things that can be done to ensure that the health system can address the pressures we talked about earlier? How do we avoid getting to the point where pressures in one area - whether it's rising costs for new treatments and technology, or increasing demands for highly specialized medical treatments - make it difficult for the health system to provide all the essentials people expect?

There are many different things that could be done. Here are just a few ideas people have suggested. What do you think about ...

**Think about these questions ...**

*What actions can be taken to make sure the essentials are maintained and affordable?*

*What actions have the best chances of preserving what's essential in Alberta's health system?*

- Making sure there's enough money to support everything that's essential
- Providing more support for alternative medicine
- Putting more emphasis on promoting good health and preventing illness and injury
- Supporting only the most important priorities and eliminating others
- Ensuring that people and health providers make the best use of the resources available in the health system
- Keeping track of how much each Albertan's health services cost, and giving them that information.
- Putting limits on the new treatments and drugs we use in Alberta.





## **What changes should be made?**

In the past few years, there have been a lot of changes in health. But some people have said there still are problems with how health services are delivered and managed. The system has been restructured, but health professionals still work in much the same way. There are some problems with the way we use the health system. And we haven't really moved far ahead with some of the more innovative ways of delivering health services in the province. So let's look at those questions, starting with how services are delivered today, how Albertans use the health system, where the problems are, and what some options could be.

### **How are health services delivered and managed today?**

Health services in Alberta are delivered primarily by doctors, nurses and other health care providers, by regional health authorities, by the Cancer Board and the Mental Health Advisory Board, and by the department of Health. Here's a quick summary of what each of those groups does.

**Doctors, nurses and health care providers ...** provide direct care and treatment. Some health care providers work for regional health authorities. Others, like most doctors, have their own private offices and clinics.

**Regional health authorities ...** are responsible for delivering a full range of health services to people in their region. They run hospitals, health centres and some long term care facilities. They hire a full range of health care workers. They inspect restaurants, investigate environmental problems, and work with others to address health issues in their community. Regional health authorities have Community Health Councils - groups of community members who provide input and advice. Specifically, regional health authorities are responsible for:

- Promoting and protecting the health of people in their region and preventing illness and injury
- Assessing the health needs of people in their region
- Setting priorities for health services and allocating resources
- Ensuring reasonable access to quality health services
- Focusing on the needs of individuals and communities and integrating services across their region.

**The Alberta Cancer Board ...** is responsible for establishing and operating provincial hospital and outpatient facilities for:

- The prevention, detection and diagnosis of cancer
- The treatment and care of cancer patients
- Cancer research.

**The Mental Health Advisory Board ...** assesses the mental health of Albertans, determines priorities for services, allocates resources, delivers and coordinates mental health services, and carries out and promotes mental health research. It works with regional health authorities to deliver mental health services. It also

operates two mental health hospitals, two extended care centres and numerous community clinics.

**The Minister and the department of Health ...** set the overall direction for Alberta's health system. The Minister of Health has ultimate responsibility for the overall quality of Alberta's health system. Responsibilities include:

- Setting direction, policies and provincial standards
- Allocating resources
- Ensuring delivery of quality services
- Measuring and reporting on performance and results in the health system.

The department of Health delivers some services directly. These include the communicable disease control program, the Alberta Aids to Daily Living Program and the air ambulance program.

***Alberta's health care system supports:***

17 regional health authorities and 2 provincial authorities  
103 acute care hospitals  
161 long term care facilities  
5.5 million hours of home care services  
22,232 registrated nurses (regular and casual)  
4,161 licensed practical nurses  
1,346 physiotherapists  
1,159 occupational therapists

***Mental health services delivered by:***

2 mental health hospitals  
2 extended care centres  
67 permanent clinics and 23 satellite clinics  
190 programs from funded agencies  
1,138 registered psychiatric nurses

***Heath care insurance coverage for services provided by:***

4,282 physicians  
548 chiropractors  
265 optometrists  
34 podiatrist  
1,381 dentists  
232 oral surgeons  
219 opticians  
181 denturists

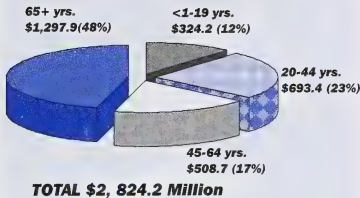




## How do Albertans use the health system?

Think about these facts.

- Of the 2.8 million Albertans eligible for basic health services in 1996-97, 85.1% or close to 2.4 million people received at least one medical service during the year. Most of these people received services that cost \$500 or less. Only 6.2% of patients received physician services that cost more than \$1,000.
- In 1996-97, the average number of health services each Albertan received was just under 9.3. That included an average of five visits to a family physician, one visit to an allied health professional, and over three visits to a specialist.
- Most health services are used by babies and by people aged 65 and older.
- Fewer people are being admitted to hospitals and more people are receiving care at home.
- The length of time people stay in hospital is going down. More surgeries are being done on a day surgery basis.
- The average cost for each patient in hospital in 1997-98 was over \$4,000.
- The costs of different diagnostic tests are increasing significantly and we are using many more tests each year.



## What are the problems?

Some people point to problems with how the health system is used and how services are delivered. We mentioned some of those earlier in this workbook. Here are the key ones people have identified:

- **Health services aren't integrated.** That means there still are gaps and barriers between services provided in hospital and other types of health services. Often services are focused more on where they are provided and who provides them, not the best interests of the patient.
- **Health professionals and providers don't work closely together.** There certainly are examples where teams of health professionals - doctors, nurses, alternative health care providers, counselors, and others - are working together. But it's not as common or widespread as it should be. There's still mistrust among health professionals. The 1998 report from the Provincial Health Council points to continuing problems with different groups of health professionals focusing more on their own "scope of practice" than on ways they can work together as teams.
- **There aren't good controls on the use of health resources.** In Alberta's health system, doctors are the primary gatekeepers. They decide what tests and treatments are needed, what follow-up care is required, and whether or not people are admitted to hospital. Some people suggest that because doctors are paid for each service they provide, the incentives aren't there for them to make the best use of the resources available. Regional health authorities have difficulty managing resources when they don't control what procedures and tests are provided. Some suggest there should be standards set for waiting times or use of certain

procedures. Others suggest some people use the health system inappropriately by demanding or expecting treatments that aren't necessary.

- **It's not always clear who is responsible for what.** Accountability is important. But to hold people accountable, the first step is to sort out who is responsible for what services in the health system. Today, those lines of accountability aren't always clear. In mental health, questions about who is responsible and what services need to be provided in the community seem to be causing confusion.
- **Traditional approaches are still more common than innovation.** There are innovative and thoughtful new programs underway in every part of the province. But the reality is that many of those new approaches are overshadowed by a continuing emphasis on hospital care. Regional health authorities are spending more time and money on promotion and prevention programs, but the focus continues to be more on traditional hospital and physician services. It's difficult to find support for trying new approaches when budgets are stretched. The system seems to work more in separate chunks than as a fully integrated health system serving people's needs.
- **There isn't good evidence about what works and what doesn't.** Decisions in health are often based on what people think might work or past experience, but solid information isn't available to guide decisions. Work is underway through an initiative called *alberta wel/het* to expand health information systems across the province, but it will take time to get all the pieces in place.

### **What options are there for new ways of delivering services?**

There is no shortage of new ideas for different ways of delivering health services. That doesn't mean abandoning the way services are delivered today or introducing a brand new approach. But there are some ideas that are being tried in some communities in Alberta and in other provinces and countries. Here are some ideas to think about.

- **Put more emphasis on what's called "primary care."** Primary care refers to a person's first point of contact with the health system. In a primary care approach, health providers from a variety of disciplines and other community members like teachers, social workers, police and other agencies, work together to address the health needs of individuals and the community. Health services are integrated to meet the needs of community members.
- **Encourage different regions or hospitals to specialize in different services -** Most of the specialized services now are provided in the major cities. Should hospitals and doctors in rural communities be able to develop specialized expertise in some lower risk treatments so they can take the pressure off the cities? If this was done, changes could also be made so it's easier for people to get treatments from other regions in the province.





**Think about these questions ...**

*What changes are needed in the way health services are delivered and managed?*

*Are there inappropriate uses of Alberta's health care resources and how can we prevent them?*

*What new approaches should be considered?*

- **Put more emphasis on wellness, promoting good health and protecting people from injuries and illness.** People have talked about putting more emphasis on prevention for years. What more can and should be done?
- **Give people more information so they can make better decisions.** Some suggest that people should have more choices and, with the right information, they can make their own health care decisions rather than relying on health providers.
- **Provide more coordinated care for people with complex health problems.** People with several different health problems have to see a number of specialists, take several prescriptions, have many different tests done, and may need ongoing help to continue living in the community. Suggestions have been made that there should be a more coordinated approach for these patients, so doctors, specialists, nurses and others work together to address the patient's needs.

Those are just some examples of new approaches to consider. People in the health system have also suggested more focus on children's health, more public education about health, actions to encourage healthy aging, and decentralizing mental health services.

**What other ideas do you have?**

**How can changes best be implemented?**

We've looked at some ideas about new approaches for delivering health services. How can those changes best be implemented? Here are some suggestions to think about:

- **Remove barriers between health providers.** This would include reviewing legislation, removing barriers, clarifying who is responsible for what, improving accountability, and finding better ways of encouraging people to work together.
- **Look for alternative ways of paying physicians.** New approaches are being tried on a limited basis in different parts of the province. This could be expanded to include approaches like fees for comprehensive care, managed care, contracts or salaries.
- **Set up an innovation fund.** Would a separate pool of funds to support innovation help encourage and support new approaches across the province?
- **Expand the use of telehealth and other innovations in technology.** Instead of people travelling to major cities to visit specialists or psychiatrists, or get tests reviewed, why not expand telehealth and use new advances in technology. Invest more in health information systems so people have better information to guide decisions. Or imagine a system where people could use the internet or a phone system to get the health information or advice they need from qualified health professionals.

**Think about these questions ...**

*How can changes in Alberta's health system best be implemented?*

*What are the most important steps to be taken?*



- **Within the scope of what's affordable, hire more health providers.** Some people suggest there aren't enough doctors, nurses, health workers, psychiatrists and mental health workers to meet health needs.
- **Expand facilities and hospital beds.** Again, within the scope of what's affordable, people suggest we need more long term care beds, more hospital beds, and more facilities to meet people's health needs.



## What's your responsibility?

We've talked a lot about the health system, about what's essential and what changes should be made. But health is about more than the health system. It's about each of us taking responsibility for living healthy lives, raising healthy families, and using the health system appropriately.

Good health depends on much more than the number of hospitals or doctors we have. To be healthy, people need clean, safe environments, good housing and nutrition. They need good jobs, a good education, and strong families. As we look to the future of Alberta's health system, we need to broaden our view to look at what each of us can do in our own homes and communities to achieve better health.

### How healthy are we?

If you look at the information on pages 7 and 8, you'll see some of the key facts about the health of Albertans.

What can we conclude from looking at that information?

- Albertans are relatively healthy but there are areas of concern. Aboriginal people have shorter life expectancy and much higher rates of illness and injury, and are less likely to say their health is excellent or very good.
- There are a number of problems we could prevent. Alberta has the highest rates of deaths from motor vehicle collisions. There are extremely high rates of deaths from car accidents in northern Alberta.
- Regular mammograms for women over 50 can help improve the outcomes for women with breast cancer. And regular PAP tests could virtually eliminate deaths from cervical cancer. Surveys show that 62% of women over 50 mammograms regularly. That's lower than the provincial target of 75%.

<b>How Healthy are we?</b>		
<b>HEALTH STATUS</b>	<b>ALBERTA</b>	<b>CANADA</b>
<b>Self-reported health (1994-95)</b>	<b>66%</b>	<b>63%</b>
- % reporting that their health was very good or excellent		
<b>Self-reported disability (1994-95)</b>	<b>22%</b>	<b>21%</b>
- % reporting that their activities are limited as a result of long term health problem		
<b>Self-reported stress (1990)</b>	<b>65%</b>	<b>60%</b>
- % reporting their lives were somewhat or very stressful		
<b>Life expectancy years (1994)</b>		
- males	<b>75.5</b>	<b>75.1</b>
- females	<b>81.4</b>	<b>81.1</b>

<b>CHILD AND INFANT HEALTH (1995)</b>		
	<b>ALBERTA</b>	<b>CANADA</b>
<b>Infant mortality</b>	<b>7</b>	<b>6.1</b>
- deaths per 1000 live births		
<b>Low birth weight</b>	<b>6</b>	<b>5.7</b>
-% of live births		
<b>Births to teenage mothers</b>	<b>32.4</b>	<b>24.5</b>
- rate per 1,000 women aged 15-19		
<b>Childhood poverty, 1995</b>	<b>21.4</b>	<b>20.5</b>

<b>HEALTH-RELATED BEHAVIOURS, 1994-95</b>	<b>ALBERTA</b>	<b>CANADA</b>
<b>Physical Activity</b> -% respondents exercising at least 3 times/wk	<b>60</b>	<b>54</b>
<b>Overweight</b> - % of overweight adults	<b>26</b>	<b>23</b>
<b>Tobacco Use</b>	<b>29.6</b>	<b>30.5</b>

<b>COMMUNICABLE DISEASES</b> (rates per 100,000 population)	<b>ALBERTA</b>	<b>CANADA</b>
AIDS, 1994	<b>3.5</b>	<b>4.3</b>
Tuberculosis, 1995	<b>4.6</b>	<b>6.6</b>
Whooping Cough, 1995	<b>37.8</b>	<b>33.1</b>

**Think about these questions ...**

What are the biggest threats to Albertans' health?

What can be done about them?

What are the most important things that should be done to improve health?

- There's growing evidence that babies with a healthy start in life have fewer health and learning problems in later life. Alberta has a higher rate of low birthweight babies than the national average. The percentage of children living below the poverty line increased from 16% in 1986 to over 21% in 1995. 7% of pregnant women say they used alcohol when they were pregnant and almost 25% smoked. Both of these factors can contribute to low birthweight babies.
- There are trends that will affect people's health in future. An increasing proportion of adult Albertans is overweight. About 60% of Albertans say they are physically active. And a significant number of Albertans say they have more stressful lives.

**Top ten causes of death in Alberta**

Ischemic Heart disease (blockage of coronary arteries)

Cancer (other than lung, breast, prostate and cervix)

Diseases of the circulatory system (such as heart failure)

Cerebrovascular diseases, including stroke

Lung cancer

Chronic Obstructive Pulmonary Disease

Pneumonia and influenza

Suicide

Injury other than motor vehicle collisions, suicide, homicide and falls

Diseases of the digestive system, other than chronic liver disease and cirrhosis

**What responsibility do people have?**

Clearly, people are responsible for their own health. They're also responsible for the health of their families, for maintaining healthy lifestyles and behaviours, and not putting other people's health at risk. People have a right to make decisions about their own health.

What other responsibilities do people have? Here are some examples:

- A responsibility to use the health system in a reasonable manner
- A responsibility to provide full information to health professionals so they can provide the best diagnosis and treatment
- A responsibility to learn about what health services are available and how those services should be used
- A responsibility to take preventive steps like getting regular check-ups, especially for people who have a higher risk for certain illnesses, or making sure children are immunized
- A responsibility to follow instructions for diagnostic tests and treatments, (and that includes finishing your prescriptions!)
- A responsibility to register with the Alberta Health Care Insurance Plan and pay premiums to help cover health care costs.

Some have also suggested individuals should be responsible for supporting family members when they are ill, driving responsibly, or taking an active role in doing things to improve the health of their community, their business or their workplace.





**Think about these questions ...**

*What responsibilities do people  
have for their own health?*

*Their family's health? The health of  
their community?*

What do you think? What other responsibilities do you think people should have?

**What can be done to help people meet their responsibilities?**

We want your ideas on how to promote good health and help people meet their responsibilities for maintaining good health.

Here are some ideas that have been suggested:

- **Introduce more awareness and education programs so people know what they can do to improve their health.** Examples include programs to discourage young people from smoking and drinking, programs to reduce motor vehicle collisions, or programs for young families.
- **Introduce new laws.** Alberta could have stricter laws on smoking, use of bicycle helmets, road safety, or protection of the environment.
- **Start with young children.** More programs could be focused on children's health, providing healthy start programs for pre-schoolers, school lunch and nutrition programs, and programs in schools to promote good health and healthy lifestyles.
- **Support alternatives to medicine.** Encourage more people to consider less costly ways of staying healthy ... more exercise, more recreation activities, more healthy diets, fewer pills and prescriptions.

**Think about these questions ...**

*What are the best ways of helping  
people maintain good health?*

*How can good health be promoted  
without interfering in Albertans'  
lives and choices?*

*Who should take the lead?*



## **How much money is enough?**

Talk about the health system and very quickly, the talk turns to money. If people want shorter waiting times, more access to certain services or more promotion programs, it costs more money. If people want more nurses, more home care workers, more long term care facilities or more programs in the community, they all cost more money.

There are limits to how much the provincial government can spend and there are growing demands to spend more money on other important services like education, infrastructure or social services. While the province's revenues have grown substantially in the past three years, the outlook for 1999-2000 doesn't look as positive with dropping oil prices and forecasts for more moderate economic growth.

How do we decide how much money is enough in health? How can we plan a health system that is affordable and sustainable in the future? Is more money the only answer? If more money is needed, where should it come from?

Let's look at those questions, then we want your advice on how much is enough.

### **What do we spend on health?**

Here are some key facts about Alberta's spending on health.

Looking back, spending on health grew by an average of close to 7% a year between 1980 and 1995, growing from \$1.3 billion to \$4 billion.

In 1993-94, government introduced its balanced budget plans. In 1992-93, before the cuts began, the province spent about \$4.1 billion on health. That dropped to about \$3.6 billion by 1995-96.

Starting in 1995-96, spending cuts ended and reinvestment in health began in 1996-97. Since then, government has added over \$750 million to the health budget. This money was targeted at:

- Reducing waiting times for heart surgery, joint replacements and other critical treatments
- Increasing the number of nurses and other front-line health care workers
- Eliminating deficits from certain regional health authorities
- Upgrading and replacing equipment so it's ready for the Year 2000
- Increasing salaries for health workers, including payments to doctors.

This year, Alberta Health will spend a total of almost \$4.43 billion on health services.

Federal transfers to the province to support health services have declined. In 1985-86, the cash portion of federal transfers made up 22% of the province's total spending on health. Today, that percentage has dropped to just over 10%.

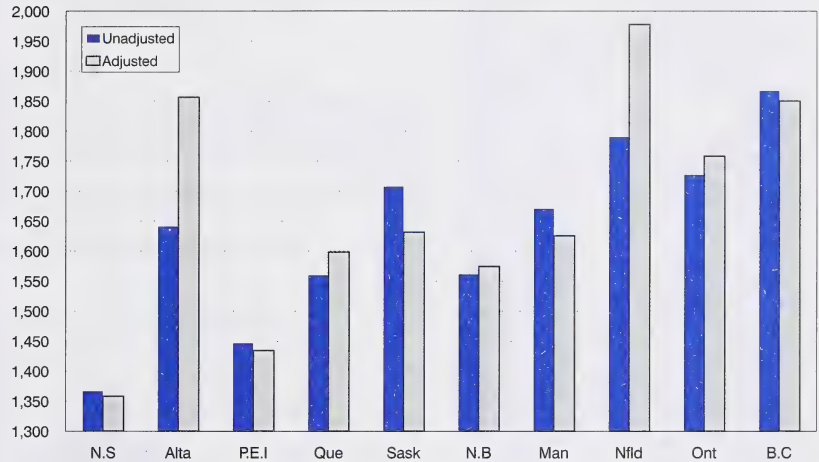




### How do we compare with other provinces?

It depends on how you look at the numbers. If you take straight per capita spending (the amount that's spent for each person in the province), Alberta ranks sixth in Canada in terms of how much we spend. That's \$1,642 for every Albertan. But Alberta has a young population and our costs should be lower as a result. If you adjust for age and gender, Alberta ranks second highest in Canada in per capita spending on health, at \$1,850 per person.

**Comparison of per capita health spending**



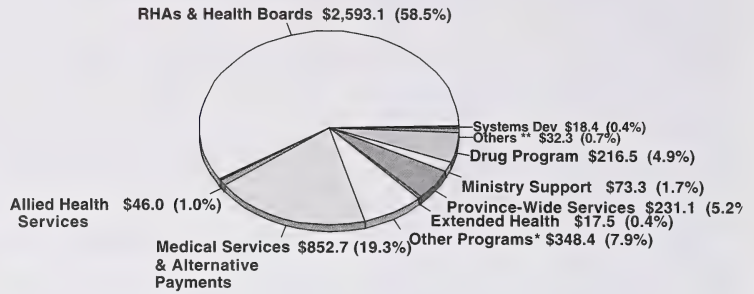
### How does health spending compare to spending on other programs?

Spending on health has been steadily consuming more of the government's total budget. This year, the health budget accounts for about 30% of the total provincial budget compared to 25% in 1992-93.

### How much money is enough?

Charts on the next page show how much and where the money is spent today, both by the provincial government and by regional health authorities. Think about how much is the "right" amount and what the priorities should be. Look back to the description of key factors that will drive increasing costs in the health system. And think about where more money might be needed and where less money could be spent.

## Alberta Health Allocation of 1998/99 Funding



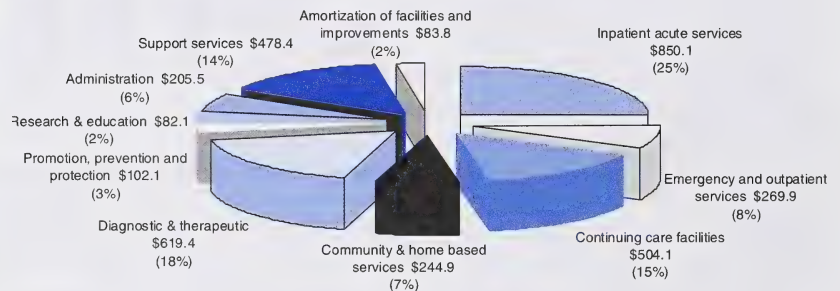
**TOTAL \$ 4,429.3 M**

\* Other Programs include Medical Education Allowances, Human Tissue & Blood, Equity Agreements, Purchase of Vaccine & Sera, Prov Labs of Public Health, Ambulance Services, Out of Province Health Care Costs, Alberta Aids to Daily Living, Health Services Research, Dedicated Program Funding, and Premier's Council on the Status of Persons with Disabilities.

\*\* Others include : Rural Physician Action Plan and Health Care Insurance Premium Writeoffs

## 1998/99 Health Authority Budget Allocations

(millions of dollars)



**TOTAL \$3,440.2**

## How should decisions be made about future spending?

Deciding how much to spend in one year is difficult enough. But it's important to look ahead. If funding levels are right for one year, how do we make sure the health system can afford new funding pressures in the future? How should adjustments be made every year?

Think about these options as examples.

- The amount spent by the provincial government could be adjusted depending on how much our population increases, how much our economy grows, the rate of inflation, or other factors.



**Think about these questions ...**

*Overall, how much money should the provincial government spend on health? Should it be more, less, or about the same amount as the budget today?*

*If more money is needed, what should the priorities be? If less money should be spent, where could reductions be made?*

*If more money is needed, where should the money come from?*

*From higher taxes, lower spending on other programs, higher premiums, more money from the federal government, or more money from other sources?*

*What's the best way of adjusting spending on health every year?*

- A fixed percentage of the provincial budget could be dedicated to health. Government could decide it was going to spend 30% or some other fixed percentage of the provincial budget on health. Whatever the provincial government can afford to spend in total and keep the budget balanced, 30% of its spending would automatically go to health.
- Decisions could be made by the provincial government based on business plans and priorities. Depending on what the health needs are, what costs have to be accommodated, and how much money the provincial government can afford each year, spending on health could go up or down.

What's the best approach to achieve sustainable and predictable funding for our future health system?

## **Think about health...**

We've given people a lot of information to think about. The questions are important ones:

**What's essential?**

**What changes should be made?**

**What's your responsibility?**

**How much money is enough?**

At Health Summit '99, we expect a lively debate of those questions and some good ideas for the future.

And we want to hear from you. Have a look at the questionnaire on the following pages. Take time to give us your views and your advice. And return the questionnaire by mail or fax to the addresses shown on the questionnaire.

It's an important time in Alberta's health system ... a time when we look ahead and start planning carefully for the future. This is your chance to get involved and let us know what you think.

If you have questions about Health Summit '99, please get in touch with us.

**Address:** PO Box 754, Stn Main  
Edmonton, Alberta T5J 2L4  
**Phone:** 1-877-232-2722  
**E-mail:** [summit99@healthsummit.gov.ab.ca](mailto:summit99@healthsummit.gov.ab.ca)





# Health Summit '99 public input questionnaire

## 1. What's essential for the future?

Please circle the number that best indicates *YOUR* rating of how essential *EACH* of the following components are for the future of Alberta's publicly funded health system. Information on each of these components is in *Think about Health* in the section, "What are the components today?" (Page 10 and 12)

	Very Essential		Somewhat Essential		Not at All Essential
	1	2	3	4	5
a. Acute care	1	2	3	4	5
b. Administration & support	1	2	3	4	5
c. Ambulance service	1	2	3	4	5
d. Buildings	1	2	3	4	5
e. Community care & continuing care	1	2	3	4	5
f. Health care clinics	1	2	3	4	5
g. Health & medical education	1	2	3	4	5
h. Health & medical research	1	2	3	4	5
i. Medical equipment & information technology	1	2	3	4	5
j. Mental health	1	2	3	4	5
k. Public health- Prevention/Promotion	1	2	3	4	5
l. Services from doctors	1	2	3	4	5
m. Technical supports	1	2	3	4	5
n. Other (specify)	1	2	3	4	5

**What actions can be taken to ensure the essentials are maintained and affordable?**

*What do you think about... (circle the number that best indicates your opinion).*

	STRONGLY AGREE		NEUTRAL		STRONGLY DISAGREE
o. Making sure there's enough money to support essential components.	1	2	3	4	5
p. Providing more support for alternative medicine.	1	2	3	4	5
q. Putting more emphasis on health promotion and preventing illness and injury.	1	2	3	4	5

	STRONGLY AGREE		NEUTRAL		STRONGLY DISAGREE
r. Supporting only the most important priorities and eliminating others.	1	2	3	4	5
s. Ensuring that people and health providers make the best use of the resources available in the health system.	1	2	3	4	5
t. Keeping track of how much each Albertan's health services cost and giving them that information.	1	2	3	4	5
u. Putting limits on new treatments and drugs publicly funded in Alberta.	1	2	3	4	5
v. What other actions do YOU think should be taken to make sure the essentials are maintained and affordable?					

**2. What changes are required to the way health services are delivered by health providers and managed by the health system, and how can those changes be best implemented?**

*What do you think about... (circle the number that best indicates your opinion).*

	STRONGLY AGREE		NEUTRAL		STRONGLY DISAGREE
a. Emphasizing primary care, where different kinds of health providers (eg. doctors, nurses, occupational therapists, dieticians and others) work together to address health needs.	1	2	3	4	5
b. Encouraging different regions or hospitals to specialize in different services.	1	2	3	4	5
c. Put more emphasis on wellness, promoting good health, protecting people from injuries and illness.	1	2	3	4	5
d. Giving people more information so they can make better decisions.	1	2	3	4	5
e. Providing more coordinated care for people with complex health problems.	1	2	3	4	5
f. Hiring more physicians, nurses, and other health care providers to meet people's needs.	1	2	3	4	5
g. Removing barriers between health providers and making them more accountable.	1	2	3	4	5



	STRONGLY AGREE		NEUTRAL		STRONGLY DISAGREE
h. Looking for alternative ways of paying physicians.	1	2	3	4	5
i. Setting up an innovation fund for testing new approaches to care.	1	2	3	4	5
j. Expanding telehealth and use of health information technology.	1	2	3	4	5
k. Hiring more health providers.	1	2	3	4	5
l. Opening more acute hospital beds, long term care beds and other facilities.	1	2	3	4	5
m. Providing incentives to Albertans not using the health system.	1	2	3	4	5
n. What other changes do YOU think are required and how, these changes can be best implemented?					

**3. What responsibility do Albertans have to preserve and protect their own health, and how best can they be assisted in meeting those responsibilities?**

*Do you think that Albertans have a responsibility to ... (circle the number that best indicates your opinion).*

	STRONGLY AGREE		NEUTRAL		STRONGLY DISAGREE
a. Use the health system in a reasonable manner	1	2	3	4	5
b. Provide full information to health professionals so they can provide the best diagnostics and treatment	1	2	3	4	5
c. Learn what services are available and how they should be used	1	2	3	4	5
d. Take preventive steps	1	2	3	4	5
e. Follow instructions for diagnostic tests and treatments	1	2	3	4	5
f. Register with Alberta Health Care Insurance Plan and pay premiums	1	2	3	4	5





g. What other responsibilities do YOU think Albertans have to achieve better health?

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*How can Albertans be assisted in meeting their responsibilities?*

	STRONGLY		NEUTRAL		STRONGLY
h. Introduce more awareness and education programs about improving health.	1	2	3	4	5
i. Introduce new laws to protect health (smoking legislation, bicycle helmets).	1	2	3	4	5
j. More programs focused on children's health.	1	2	3	4	5
k. Support alternatives to medicine.	1	2	3	4	5

l. What other ways do you think Albertans can be assisted in meeting their responsibilities?

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**4. To maintain a quality publicly funded health system, a balanced provincial budget, and adequate support for other key areas such as education, social services and infrastructure development, what is an appropriate and affordable funding level for health in Alberta?**

a. In YOUR opinion, how much money should we spend on health care in Alberta? (circle the number that best indicates your opinion)

Seven percent less	1
Five percent less	2
Three percent less	3
Same amount as now	4
Three percent more	5
Five percent more	6
Seven percent more	7
Don't know	8
Other amount (specify ) %	

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Thank you for participating in Health Summit '99 by completing this questionnaire and mailing it back to the Health Summit '99 office by February 29th, 1999. Your opinions will help shape the future of health in Alberta.

	STRONGLY AGREE		NEUTRAL		STRONGLY DISAGREE
<b>b. If we spend more money on health care in Alberta, where should this money come from?</b>					
a. higher taxes	1	2	3	4	5
b. lower spending on other provincial programs	1	2	3	4	5
c. higher premiums for Alberta Health Care Insurance	1	2	3	4	5
d. more money from the federal government	1	2	3	4	5
e. more money from other sources (specify)	1	2	3	4	5

f. What do YOU think is the best approach to achieve sustainable and predictable funding for our future health system?

g. What do YOU think would improve the health system overall?

**To send back this questionnaire, please mail to:**

PO Box 754 Station Main  
Edmonton, Alberta  
T5J 2L4  
or Fax to: 1-877-212-2828

## Notes

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.







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